

Foster Family Home - Corrective Action Report

Provider ID: 1-598419

Home Name: Charrie Carino, CNA

Review ID: 1-598419-6

94-416 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/16/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/16/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/16/19.

6.(d)(1)- see applicable sections of the review.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- No current APS/CAN for CG#1.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- No current Tuberculosis clearance for CG#1 and CG#3.

41.(b)(8)- No current blood borne pathogen training for CG#3.

41.(c)- No current in-service annual training for CG#1, CG#2, and CG#3.

Maribel Nakamine, RN
Compliance Manager

Charrie Carino CG
Primary Care Giver

10/16/19
Date

10/16/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Charrie Carino

CCFFH Address: 94-416 Kalukalu Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	I obtained a current APS/CAN for CG#1 and placed in home binder.	11/13/19	Home understands the background check requirements and will use calendar on iPhone to input all due dates to prevent any future lapses.
41.(b)(7), (8), (c)	I obtained a current TB clearance for CG#1 and CG#2, Blood borne pathogen for CG#3; completed Annual in-service trainings for CG#1, CG#2, and CG#3. All documents were placed in home binder.	11/13/19	Home will use a spreadsheet on laptop to identify when requirements are due 3 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: Charrie U. Carino

Print Name: Charrie U. Carino Date of Signature: 11/13/19